

County: Cherokee

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BETHEL SENIOR DAY CARE CENTER 218 DR L.M ROSEMOND LN GAFFNEY, SC 29340 SANDERS JR, JAMES W PH#: 864-489-7552 Fac. Cont. Email: JWSJR16@IWON.COM	ADC-0153 / 11/30/2009 Cherokee / Corporation PO BOX 44 GAFFNEY, SC 29342 BETHEL SENIOR DAY CENTER INC	30
Number of Participants		30

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	1	Number Licensed Units	30
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County: Cherokee

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CHEROKEE COUNTY COMMUNITY RESIDENTIAL CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4734 MATTHEWS, CINDY F PH#: 864-487-2717 Fac. Cont. Email: No Fac Cont. email on record	CRC-0729 / 09/30/2009 Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340 CHEROKEE COUNTY COUNCIL	48

Certifications:Alzheimer Care

IVY GROVE RESIDENTIAL CARE CENTER 483 LOCKHART LN GAFFNEY, SC 29341-2841 MELEKWE, OBIAJULU PH#: 864-487-0869 Fac. Cont. Email: OSKARMANI@AOL.COM	CRC-1458 / 10/31/2009 Cherokee / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341 HARMONY RESIDENTIAL CARE CENTER LLC	62
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Certifications:Alzheimer Care

MAGNOLIAS OF GAFFNEY ASSISTED LIVING COMMUNITY 223 TIFFANY PARK GAFFNEY, SC 29341 WISE, BONITA D PH#: 864-206-0006 Fac. Cont. Email: BWISE@MAGNOLIASGAFFNEY.COM	CRC-1281 / 06/30/2009 Cherokee / Ltd. Liability 223 TIFFANY PARK GAFFNEY, SC 29341 GAFFNEY RETIREMENT L L C	90
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Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed: 3 Number Licensed Units 200

County: Cherokee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 THOMAS, MARY H PH#: 864-487-4786 Fac. Cont. Email: MTHOMAS@CHEROKEEDSNB.ORG	MR15-0091 / 11/30/2009 Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341 THOMAS, MARY H PH#: 864-487-4787 Fac. Cont. Email: MTHOMAS@CHEROKEEDSND.ORG	MR15-0092 / 11/30/2009 Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed: 2 Number Licensed Units 16

County: Cherokee

Facility Type: Home Health

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
TOTAL CARE OF NORTH CAROLINA - ROCK HILL	HHA-0178 / 11/30/2009	4
517 CHESNEE HWY STE C & D	Cherokee / Corporation	
GAFFNEY, SC 29341	517 CHESNEE HGIHWAY STE C & D	
JOHNSON, BARBARA B PH#: 864-488-0898	GAFFNEY, SC 29341	
Fac. Cont. Email:No Fac Cont. email on record	TOTAL CARE HOME HEALTH OF NORTH CAROLINA INC	
Counties Served Cherokee, Chester, Union, York		
License Restrictions		
Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y		
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N		
Other:		

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:	1	Number Licensed Units	4
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County: Cherokee

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	
UPSTATE CAROLINA MEDICAL CENTER	HTL-0476 / 02/28/2009 (Renewal	125
1530 N LIMESTONE ST	Pending)	
GAFFNEY, SC 29340	Cherokee / Corporation	
HOWELL, JOE D PH#: 864-487-1500	1530 N LIMESTONE ST	
	GAFFNEY, SC 29340	
Fac. Cont. Email:	No Fac Cont. email on record	
	GAFFNEY H M A INC	
Licensed Beds: General: 125	Psychiatric: 0	Rehab: 0
Other Beds	NICU: 0	Substance Abuse 0
	Neonatal Special Care 0	
Certifications:	Perinatal Level I, JCAHO Accredited	

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units 125

County: Cherokee

Facility Type: Nursing Home

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	

BROOKVIEW HEALTHCARE CENTER	NCF-0931 / 09/30/2009	132
510 THOMPSON ST	Cherokee / Ltd. Liability	
GAFFNEY, SC 29340-3620	510 THOMPSON ST	
SAIN, SUSAN H PH#: 864-489-3101	GAFFNEY, SC 29340-3620	
Fac. Cont. Email:ADMIN.BRGA.SC@PALMETTOLTC.COM	PALMETTO BROOKVIEW OPERATING LLC	

Licensed Beds	Nursing Home	132	Institutional Nursing Home	0
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Certifications:None

CHEROKEE COUNTY LONG TERM CARE FACILITY	NCF-0323 / 11/30/2009	97
1434 N LIMESTONE ST	Cherokee / County	
GAFFNEY, SC 29340-4734	1434 N LIMESTONE ST	
MATTHEWS, CINDY PH#: 864-487-2717	GAFFNEY, SC 29340	
Fac. Cont. Email:SANDRAHOFTIEZERE@HOTMAIL.COM	CHEROKEE COUNTY	

Licensed Beds	Nursing Home	97	Institutional Nursing Home	0
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Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	2	Number Licensed Units	229
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County: Cherokee

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CHEROKEE COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE 201 W MONTGOMERY ST GAFFNEY, SC 29341 GARRETT, BARBARA C PH#: 864-487-2721 Fac. Cont. Email:CCCADABG@BELLSOUTH.NET	OTP-0022 / 08/31/2009 Cherokee / Non-Profit Corporation 201 W MONTGOMERY ST GAFFNEY, SC 29341 CHEROKEE COUNTY COMMISSION ON ADA	1

Certifications:None

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	1	Number Licensed Units	1
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County: Cherokee

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
DCI GAFFNEY	ERD-0052 / 09/30/2009	28
405 TIFFANY PARK	Cherokee / Corporation	
GAFFNEY, SC 29340	405 TIFFANY PARK	
YERGER, SCOTT PH#: 864-487-1727	GAFFNEY, SC 29340	
Fac. Cont. Email: No Fac Cont. email on record	DIALYSIS CLINIC INC	

Licensed Stations: Hemodialysis: 28 Peritoneal: 0

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed: Number Licensed Units

Number of Activities/Facilities licensed in county of Cherokee	# Lics	12
Number Licensed Units :	633	

Report Total

Total Number of Activities/Facilities licensed	12	Total Number Licensed Units	633
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